

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	1/18/01
FORMALITY REVIEW	MT	523	03/05/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	✓
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10	✓
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21	✓
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29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
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42	✓
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50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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